

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/28/2025** Time of Crash **1538** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **30**

State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**OXFORD STREET NO**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_

**HEARD ST**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_License # **S47460554** St **MA** DOB/Age **06/01/1984**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Operator **POTIPAH, ALBERTHA J** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_Address **5 CHROME ST**City **WORCESTER** State **MA** Zip **01604-6186**Insurance Company **GARRISON PROPERTY & CASUA**Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **44E580**Reg Type **PC**Reg State **MA**Veh Year **2013**Veh Make **LEXUS**Veh Config. **1**Owner **POTIPAH, ALBERTHA J** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_Address **5 CHROME ST**City **WORCESTER**State **MA** Zip **01604-6186**Vehicle Action Prior to Crash **2** 22Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **1** 25 25Driver Distracted by **0** 26 26Damaged Area Code: **8** 27 7 27 27Test Status: **1** 28Type of Test: **0** 29BAC Test Result: **30**Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_ 34 Seat Pos. \_\_\_\_\_ 35 Safety System \_\_\_\_\_ 36 Airbag Status \_\_\_\_\_ 37 Eject Code \_\_\_\_\_ 38 Trap Code \_\_\_\_\_ 39 Injury Status \_\_\_\_\_ 40 Transp. Code \_\_\_\_\_ Medical Facility \_\_\_\_\_

**Operator**

See Above

**1** **1** **4** **0** **0** **10** **1**Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19** 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Operator **unknown** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Owner \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Action Prior to Crash **22**Event Sequence **23** 23 23 23Most Harmful Event **24**Driver Contributing Code **25** 25Driver Distracted by **26** 26Damaged Area Code: **27** 27 27Test Status: **28**Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **31** Susp. Drug: **32**Towed from scene? **33**

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_ 34 Seat Pos. \_\_\_\_\_ 35 Safety System \_\_\_\_\_ 36 Airbag Status \_\_\_\_\_ 37 Eject Code \_\_\_\_\_ 38 Trap Code \_\_\_\_\_ 39 Injury Status \_\_\_\_\_ 40 Transp. Code \_\_\_\_\_ Medical Facility \_\_\_\_\_

**Operator/Occupants**

See Above

**1**

